

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKGregory SmithRECEIVED
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2018 AUG -3 PM 3:42

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

NYC Department of CorrectionsSecurus Correctional Phone Services**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)**18CV7018**

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Gregory SmithID # #441-17-01122Current Institution North Infirmiry CommandAddress 1500 Hazen StreetEast Elmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name NYC Department of Corrections Shield # N/AWhere Currently Employed "Same as Above"Address 75-20 Astoria Blvd.East Elmhurst, NY 11370

Defendant No. 2 Name Securus Correctional Phone Services Shield # N/A
 Where Currently Employed NYC Correctional Phone Services
 Address P.O. Box 1109
Addison, Texas 75001

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
North Infirmary Command / On Riker's Island

B. Where in the institution did the events giving rise to your claim(s) occur?
In the Annex, In Dorm-I

C. What date and approximate time did the events giving rise to your claim(s) occur?
On July 9th, 2018 @ Approx. 11am.

D. Facts: On Monday, July 9th, 2018. While using the telephone in
Dorm-I, My left Index finger was punctured by a piece of exposed
metal, That has been reported to D.O.C. on numerous occasions as
a hazard through the dorm officer, & during Inmate Council meetings.
This pertruding piece of steel has been reported but Never
addressed. Even up until this date, this sharp metal still continues
to be a problem, tearing clothes, & the like.
On this date, while using the phone, this part of the phone bay
happened to catch my finger, & put a deep gash in the tip.
Causing an extreme & major infection that is still being treated
at the time of this complaint w/ Antibiotics & Lansing.

What
happened
to you?

Who did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Problems with Dialysis treatments, Due to Hand
injury.

Total Incapacitation of left hand.

Loss of Full functionality of left hand, & full range of motion of
index finger.

Possible permanent nerve damage.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes XXX No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

North Infirmary Command (Annex)

(On Riker's Island)

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes xxx No Do Not Know,

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know **XXX**

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes XXX No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No XX

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

North Infirmary Command

1. Which claim(s) in this complaint did you grieve? The fact of the sharp metal, & being cut.

2. What was the result, if any? Still waiting on a response.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. No decision, or response, so no need for an appeal.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: I did inform the Officer on
the floor afterwards, & a Capt. And a work order for
repair was written up.

Still as of this date no work has been done.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Because we do not have a formal Grievance process in this
building, I did the best that I could to follow the process in
place.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \$100,000.00 Punitive Compensation, &
whatever else the court deems appropriate.
Also, that this problem be remedied as soon as possible.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No XX

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes No XX

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No XXX

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes No XXX

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 26 day of July, 2018

Signature of Plaintiff

Inmate Number

441-17-01122

Institution Address

North Infirmary Command

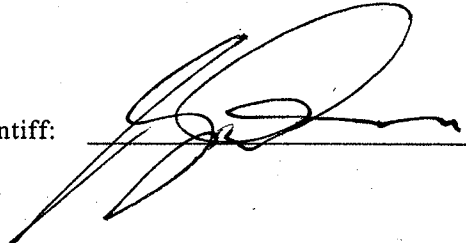
1500 Hazen Street

East Elmhurst, NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 26 day of July, 2018, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

A handwritten signature in black ink, appearing to be 'J. Brown', is written over a horizontal line.



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Smith, Gregory</i>	Book & Case #: <i>441-17-01122</i>	NYSID # (optional):	
Facility: <i>N.I.C.</i>	Housing Area: <i>Dorm-I</i>	Date of Incident: <i>7/09/2018</i>	Date Submitted: <i>7/16/2018</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

On Mon. 7/9/2018 while using the phone, I cut my finger on the housing of the phone bay. There is a sharp metal edge that has been complained about on numerous occasions as a hazard while using the phone. As a result, I have gotten an infection of the Index Finger which had to be treated w/ antibiotics, & Cut and drained.

Action Requested by Inmate

That this hazard be addressed & fixed to guard against future problems from this problem!

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☒

Yes

☐

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒

No

Did you require the assistance of an interpreter?

☐

Yes

☒

No

Inmate's Signature:

Date of Signature:

7/16/2018

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

The Inmate Grievance and Request Program (IGRP) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

A **grievance** is a written complaint submitted by an inmate in the Department's custody about an issue, action, condition, or practice relating to the inmate's confinement.

A **request** is a written individually expressed need for a service, assistance, or accommodation regarding any issue relating to the inmate's confinement.

- You may first seek to resolve the issue or condition by speaking to the involved staff or your housing officer.
- You always have the right to file a grievance or request.
- Before you seek relief from an external entity, like the courts or another agency, you should file your grievance or request with this program.

THE SUBMISSION AND APPEALS PROCESSES

1. SUBMISSION

Submit this form (Statement form) to the IGRP office, IGRP staff, or drop it in a grievance and request box.

2. INFORMAL RESOLUTION

You will receive a proposed resolution within five days after the IGRP receives the form. If you disagree with the proposed resolution, you will have five business days to appeal and request a formal hearing.

If your submission involves a request to exercise religious beliefs or practices not currently available and you seek to appeal, the Committee on Religious Accommodations will review your request.

3. FORMAL HEARING OF THE INMATE GRIEVANCE RESOLUTION COMMITTEE

The Inmate Grievance Resolution Committee (IGRC) will conduct a hearing and render a written disposition within five business days from your request for a hearing.

If you disagree with the IGRC's disposition, you will have five business days to appeal to the commanding officer.

4. COMMANDING OFFICER'S REVIEW

The IGRP staff will forward your appeal to the commanding officer within one business day of receiving it. Within five business days of receiving the appeal, the commanding officer will render a written disposition.

5. CENTRAL OFFICE REVIEW COMMITTEE

If you disagree with the commanding officer's disposition, you will have five business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within 15 business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

CERTIFIED MAIL®

Gregory Smith #441-17-01122
North Infirmary Command
1500 Hazen Street
East Elmhurst, NY 11370

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2018 AUG -3 PM 3:41



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PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
Daniel Patrick Moynihan United States Courthouse
500 Pearl Street, Room 230
New York, New York 10007

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SDNY

